

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/5/7, 189

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
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23		0		1		
24		0		1		
25		0		1		
26		0		1		
27	1		1			
28		1		1		
29		2				
30		0				
31		0		1		
32		1	1			
33				1		
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35				1		
36				1		
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38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
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49						
50						
TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	32	←	38	←		←
TOTAL CLAIMS	34		41			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						